

**CLAIMS ONLY**

**Application Number**

10073972

Filing Date

**Applicant(s)**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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50						
Total Indep.						
Total Depend.						
Total Claims						

  

\* May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
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Total Indep.						
Total Depend.						
Total Claims						